

# MSIA Response #2

## Exposure Draft of the Security Legislation Amendment (Critical Infrastructure) Bill 2020

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The [MSIA initial submission of 16 September 2020](#) covers the concerns of our membership with this reform. Some members also contributed their own submissions, such as [Telstra Health](#), with which the MSIA concurs.

Many of those concerns have been assuaged by the Draft Bill and the Department's willingness to meet with affected sectors in health software, namely providers of software to Hospitals.

There are however several areas which may need further clarification to avoid unintended consequences of over-regulation, loss of productivity and innovation due to lack of clarity about the impact of the regulation.

These can be summarised as:

1. Members which provide technology to critical hospitals operating ICUs would be considered a part of a Critical Infrastructure Asset.
2. Many of these systems are interconnected to third party systems, e.g. the My Health Record, as well as numerous other third party systems;
3. The net result of seamless and interconnected care is that there may be many instances where public and private systems are operating to provide the optimal care, but that the ability for operators of hospital systems could be limited by this federated architecture and recognition and appropriate exception should be made to reflect this quality which enables Australia's world class health system;
4. Very specific details about incident reporting is critical and requires a cost benefit approach;
5. The need to confirm that existing legislation such as the My Health Record Act and the various Commonwealth and Jurisdictional legislation and policies impacting on privacy and security will not be duplicated. E.g. failure in this regard could result in organisations having to undertake multiple conformance testing without any perceived/ real security value. Furthermore, the Australian Digital Health Agency and the MSIA are currently working on appropriate security obligations for the health software industry and these need to be harmonised with this Bill ;
6. Confirmation of how the Bill intends to manage infrastructure which is subject to joint public and private ownership. For example, some assets such as the Prescription Exchange Services and Registries are PPPs. The Bill refers to "government owned" infrastructure, but this is an existing and emerging class. It is envisaged that as it has been successful similar models may occur throughout other areas like Aged Care in 2021.

The MSIA looks further to the Departments consideration of these details and remains happy to engage.

Yours Sincerely

Emma Hossack



CEO

